



ADVANCE EXTERMINATORS & PEST CONTROL

A division of Advance Group, LLC

PMB 495 Box 10003, Saipan, MP 96950-8903
Telephone: (670) 233-4747 • Fax: (670) 233-2629
E-mail: advance@vzpacifica.net

advancegroup, LLC

SERVICE ACKNOWLEDGEMENT REPORT

SERVICE
TICKET NO.: **14220**

Name/Company: DGS

Date: 12-7-07

Address: Kagman

Phone No: _____

Service Location: DGS Building Interior and Exterior

TYPE OF SERVICE

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Commercial | <input type="checkbox"/> Inspection/Follow-up | <input type="checkbox"/> IPM (Integrated Pest Management) Method |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Fly Trap/Time Mist | <input type="checkbox"/> Termite Bait Station |
| <input type="checkbox"/> Fogging/Fumigation | <input type="checkbox"/> Rodent Bait Station | <input type="checkbox"/> Termite Post-Treatment: Wood Injection/Trenching/Slab Injection/Rodding |
| <input checked="" type="checkbox"/> Residual Spray | <input type="checkbox"/> Lawn Treatment (Residual Spray) | <input type="checkbox"/> Soil Treatment |
| <input type="checkbox"/> Gelling/Crack & Crevices | <input type="checkbox"/> Turf & Ornamental | <input type="checkbox"/> Others _____ |

TYPE OF PEST

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Ants | <input type="checkbox"/> Flies/Gnats | <input checked="" type="checkbox"/> Carpenter Ants |
| <input checked="" type="checkbox"/> Roaches | <input checked="" type="checkbox"/> Ticks | <input type="checkbox"/> Termites |
| <input type="checkbox"/> Rodents/Shrews | <input checked="" type="checkbox"/> Fleas | <input type="checkbox"/> Others: _____ |

TECHNICIANS NOTE:

COMMENTS:

Sprayed liquid insecticide to the interior and exterior facades of the building to control ants, roaches and other kinds of insects.

RECOMMENDATIONS:

MATERIAL/S USED	AMOUNT USED
<i>Tempo</i>	<i>8 ml</i>

Customer's Name: _____

Technician(s): Roger de Guzman

Signature: [Signature]

Time In: 10:20 Time Out: 11:20

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SERVICE ACKNOWLEDGEMENT REPORT

SERVICE TICKET NO.: **13917**

Name/Company: DYS

Date: 11/11/07

Address: 10003

Phone No: _____

Service Location: Blond exterior

TYPE OF SERVICE

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Commercial | <input checked="" type="checkbox"/> Inspection/Follow-up | <input checked="" type="checkbox"/> IPM (Integrated Pest Management) Method |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Fly Trap/Time Mist | <input type="checkbox"/> Termite Bait Station |
| <input type="checkbox"/> Fogging/Fumigation | <input checked="" type="checkbox"/> Rodent Bait Station | <input type="checkbox"/> Termite Post-Treatment: Wood Injection/Trenching/Slab Injection/Rodding |
| <input type="checkbox"/> Residual Spray | <input type="checkbox"/> Lawn Treatment (Residual Spray) | <input type="checkbox"/> Soil Treatment |
| <input type="checkbox"/> Gelling/Crack & Crevices | <input type="checkbox"/> Turf & Ornamental | <input type="checkbox"/> Others _____ |

TYPE OF PEST

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Ants | <input type="checkbox"/> Flies/Gnats | <input type="checkbox"/> Carpenter Ants |
| <input type="checkbox"/> Roaches | <input type="checkbox"/> Ticks | <input type="checkbox"/> Termites |
| <input checked="" type="checkbox"/> Rodents/Shrews | <input type="checkbox"/> Fleas | <input type="checkbox"/> Others: _____ |

TECHNICIANS NOTE:

COMMENTS:

Inspection and treated all the bait stations around the property and some bait for the empty stations and analyzed some of the 11 items that were placed.

RECOMMENDATIONS:

MATERIAL/S USED

AMOUNT USED

Control Bait Block

8 P.S.

Customer's Name: REINHOLD MORALES

Technician(s): P. K. HAN

Signature: [Signature]

Time In: 1:10 Time Out: 2:15

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SERVICE ACKNOWLEDGEMENT REPORT

SERVICE TICKET NO.: **13735**

Name/Company: D95
Address: Kegman
Service Location: Main Facility

Date: 11-6-07
Phone No: _____

TYPE OF SERVICE

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Commercial | <input type="checkbox"/> Inspection/Follow-up | <input type="checkbox"/> IPM (Integrated Pest Management) Method |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Fly Trap/Time Mist | <input type="checkbox"/> Termite Bait Station |
| <input type="checkbox"/> Fogging/Fumigation | <input checked="" type="checkbox"/> Rodent Bait Station | <input type="checkbox"/> Termite Post-Treatment: Wood Injection/Trenching/Slab Injection/Rodding |
| <input checked="" type="checkbox"/> Residual Spray | <input type="checkbox"/> Lawn Treatment (Residual Spray) | <input type="checkbox"/> Soil Treatment |
| <input type="checkbox"/> Gelling/Crack & Crevices | <input type="checkbox"/> Turf & Ornamental | <input type="checkbox"/> Others _____ |

TYPE OF PEST

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Ants | <input type="checkbox"/> Flies/Gnats | <input checked="" type="checkbox"/> Carpenter Ants |
| <input checked="" type="checkbox"/> Roaches | <input checked="" type="checkbox"/> Ticks | <input type="checkbox"/> Termites |
| <input type="checkbox"/> Rodents/Shrews | <input checked="" type="checkbox"/> Fleas | <input type="checkbox"/> Others: _____ |

TECHNICIANS NOTE:

COMMENTS:

Performed residual treatment to the interior and exterior facilities of D95 & B Snipping, classroom, library and office facilities including kitchen. Also set Rodent Station with Rodent traps to control rat.

RECOMMENDATIONS:

MATERIAL/S USED	AMOUNT USED
Tempo	16 ml
Contra-Bio	11 pcs.
Rodent Station	1/2 pc.

Customer's Name: Mr. [Signature]

Technician(s): Ryan / Richard

Signature: [Signature]

Time In: 9:10 Time Out: 10:10

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SERVICE ACKNOWLEDGEMENT REPORT

SERVICE TICKET NO.: 13480

Name/Company: DYS
Address: Kaplan
Service Location: Interior and Exterior

Date: 10-18-07
Phone No: _____

TYPE OF SERVICE

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Commercial | <input type="checkbox"/> Inspection/Follow-up | <input type="checkbox"/> IPM (Integrated Pest Management) Method |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Fly Trap/Time Mist | <input type="checkbox"/> Termite Bait Station |
| <input type="checkbox"/> Fogging/Fumigation | <input type="checkbox"/> Rodent Bait Station | <input type="checkbox"/> Termite Post-Treatment: Wood Injection/Trenching/Slab Injection/Rodding |
| <input checked="" type="checkbox"/> Residual Spray | <input type="checkbox"/> Lawn Treatment (Residual Spray) | <input type="checkbox"/> Soil Treatment |
| <input type="checkbox"/> Gelling/Crack & Crevices | <input type="checkbox"/> Turf & Ornamental | <input type="checkbox"/> Others _____ |

TYPE OF PEST

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Ants | <input type="checkbox"/> Flies/Gnats | <input checked="" type="checkbox"/> Carpenter Ants |
| <input type="checkbox"/> Roaches | <input checked="" type="checkbox"/> Ticks | <input type="checkbox"/> Termites |
| <input type="checkbox"/> Rodents/Shrews | <input checked="" type="checkbox"/> Fleas | <input type="checkbox"/> Others: _____ |

TECHNICIANS NOTE:

COMMENTS:

Performed residual treatment to the interior and exterior facilities of the whole building to control insects especially ants, and roaches.

RECOMMENDATIONS:

MATERIAL/S USED

AMOUNT USED

<u>Tempo WP</u>	<u>1/4 Scoop</u>

Customer's Name: Nadia S. Tagnibuel

Technician(s): Roger de Guzman

Signature: [Signature]

Time In: 1:24 Time Out: 2:30

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